

for whom something in the nature of an occupation centre was more appropriate. Teachers, doctors, parents, and the authority were all involved in the grave responsibility of ascertaining mental defect, and this could not be shirked without injustice to the child. There was no reason why every defective child should not be classified by the age of 7 or 8, and it was a serious fault of organization on the part of a headmaster to harbour in an ordinary school for more than six or eight months any mentally defective child of more than 8 years of age. There was a great deal of trouble with the parents of defective children, which was increased in inverse proportion to the intelligence of the parent, for no parents were so difficult to convince regarding the defect of their children as those who were themselves a little below par. Many a mother who had made vigorous protests against the transference of her child to a special school had afterwards blessed the day when the transference was made, for the effort to bring some sweetness and light into the lives of these unhappy children was not wasted, but was one of the best things which had happened in the history of education.

MENTAL DEFICIENCY AND MENTAL DERANGEMENT.

The first lecture of a Study Circle arranged by the Edinburgh Women Citizens' Association, consisting of six addresses on the problem of mental deficiency, was given on October 12th by Dr. W. M. McAlister, lecturer in psychiatry at the University of Edinburgh. The subject was "Mental deficiency as distinct from mental derangement." The lecturer quoted Dr. Tredgold's definition of mental deficiency as "a state of mental defect from birth or from an early age, due to incomplete cerebral development, in consequence of which the person affected is unable to perform his duties as a member of society in the position in life to which he is born." Mental deficiency was a lifelong condition, which differed from insanity, because the latter seldom made its appearance before puberty, then developed rapidly, and might be traced sometimes to a single experience. The number of recoveries from insanity was greater than the public imagined, and work in a mental hospital was of a most hopeful nature. Dr. McAlister referred appreciatively to the work which had been done by the association in assisting to establish a farm colony in Scotland where mental defectives could exercise such faculties as they possessed while becoming to some extent self-supporting.

Correspondence.

BRITISH EMPIRE CANCER CAMPAIGN.

SIR,—The Medical and Scientific Committee of the Yorkshire Council, British Empire Cancer Campaign, has issued a booklet entitled *Notes on Cancer for Medical Men*.

Copies may be obtained gratis by members of the profession on application by letter or postcard to the office of the Yorkshire Council, British Empire Cancer Campaign, 47, Park Square, Leeds.—I am, etc.,

Leeds, Oct. 13th.

BERKELEY MOYNIHAN,
Chairman.

** A note on the scope of this book is published at page 746.

DISEASE IN SOVIET RUSSIA.

SIR,—Referring to my article, "A medical review of Soviet Russia," in the *BRITISH MEDICAL JOURNAL* for August 14th, 1926, I desire to add a few comments, as apparently I did not make perfectly clear the disease situation as I see it.

In my opinion the main general causes of the increased diseases and epidemics were the great war, the greater civil war (which was unfortunately prolonged by Allied intervention, being, as it was, unsuccessful), the revolutions, and the famine. Russia was previously saturated with inefficiency, and the wars and revolution had left the country prostrate. Then came severe famine for two years, causing swarms of refugees to move helter-skelter across the country, carrying disease and disorder with them. Although the rigid application of Marxian principles and

war communism following the revolution reacted disastrously on the intelligentsia and the city inhabitants, these classes constitute a small percentage of Russians—there are only 12 per cent. of the total population of present Russia living in cities and towns. But disease was in the country and universal, even where Marxian principles could not be enforced so strictly. Therefore I cannot agree that, in the words of one of your contemporaries, the "great disaster" (referring to disease) "was caused solely by the ruthless application of an economic theory," nor do I think that most of the disease can be attributed to bolshevism, but that it was due to an unhappy combination of events in a thoroughly disorganized and inefficient country. Of course, the revolution (including both revolutions) was a precipitating factor, but this brings up the question as to who should bear the responsibility of causing the revolution.

I desire to state the facts as plainly as possible on so important a subject; and after close acquaintance with conditions for several years, the factors which I mention in this letter seem to me, after careful deliberation, to represent the real causes.—I am, etc.,

Leningrad, Oct. 12th.

W. HORSLEY GANTT.

NIGELLUS, THE PHYSICIAN OF THE DOMESDAY BOOK.

SIR,—In the *BRITISH MEDICAL JOURNAL* for March 28th, 1925, I gave some details about a clerk-physician, by name Nigellus, who occupies a place in the Domesday survey. It may interest some of your readers if I add some further facts about him.

Nigellus held land in several English counties, those mentioned being Shropshire, Hereford, and Somerset. The Worcestershire Domesday supplies us with the following additional information. The entry is as follows:

"Terra Sancti Guthlaci. In Clent Hundredo. De Sancto Guthlaco tenet Nigellus Medicus I hidam in Wich. Ibi sunt ix burgenses redditentes xxx solidos de salinis et pro omnibus rebus."

Translation: "The land of St. Guthlac. In Clent Hundred. Nigellus the Physician holds of St. Guthlac one hide in Wich. Here are nine burgesses paying 30 shillings for salt-vats and for all things."

The Domesday Wich is, of course, Droitwich; even at this early date the salt industry at this place was in full swing, and on Nigellus's land were nine burgesses paying 30 shillings for salt-vats and (I suppose) appurtenances.

I do not find it easy to hazard a guess at the hideage of Droitwich from the Domesday survey, as the land is entered on the record under the name of the holder, the invariable rule in this record; and the Domesday tenants in Worcestershire form a goodly number. Nash, in his *History of Worcestershire*, made an attempt to collect the various entries about Wich under one head, but as I read the page he has omitted the King's own holding in demesne; but he gives the following tenants in Wich in Volume I (page 317) and appendix, p. 5, vol. 2.

The palace of Gloucester, 1/2 a hide. The Church of St. Denys, 1 hide, 18 burgesses paying 4/6, and a vat worth 20 pence. The church of St. Peter at Gloucester, 1/2 a hide. That of St. Peter at Westminster, 1 hide, with 4 furnaces. Nigellus, 1 hide, with 9 burgesses. Ralph de Toden, 1 hide. Roger de Laci, 1/2 a hide, with 11 burgesses. Herald, son of Earl Ralph, 1 hide, with 20 burgesses and 7 vats yielding yearly 50 mits of salt. William Fitz Corbucion, 2 hides (*Witon*) yielding 70 mits of salt. Urse d'Abitot, 1/2 a hide. Hugh l'Asne, one vat yielding 30 mits of salt.

From another page in the same volume I find that the church of Worcester had eight vats worth 100 shillings, and that the church of Coventry had houses and vats in Wich. St. Guthlac was the hermit of Crowland in the Lincolnshire fens. It may be worth while recalling the fact that Nigellus held land in Hereford under the church of St. Guthlac. I believe that the modern conception of the Domesday hide is that it is not so much an area of land in acres as a fiscal unit; in this case the hide in Wich would probably represent a smaller acreage than a purely agricultural holding such as Nigellus's Shropshire manor.

It is a standing joke against our profession that a doctor is much given to ordering his patients to a health resort in which he, the doctor, has some financial interest; and one wonders whether Nigellus exploited the brine